



Karen Behar
09/25/2000 02:12 PM

To: Michael E Bandick, James Delisle
Subject: Note from one of our Speakers about Zyprexa and primary care

As per Don's request.

----- Forwarded by Karen Behar/AM/LLY on 09/25/2000 01:11 PM -----



Donald P Hay
09/25/2000 12:55 PM

To: Karen Behar

Karen - please forward or copy to Mike and Jim. I couldn't get the computer to accept their names for sending.

----- Forwarded by Donald P Hay/AM/LLY on 09/25/2000 12:49 PM -----



John M Plewes
09/25/2000 11:47 AM

To: Robert W Baker, Donald P Hay, John S Kennedy, Bruce Kinon cc: John M Plewes, Paula T Trzepacz

Colleagues: Have received the attached from Dr. Noel Gardner. Noel is one of our speakers (through the LLB) and wanted to share his thoughts concerning the marketing of Zyprexa to primary care physicians.

Thanks, John

----- Forwarded by John M Plewes/AM/LLY on 09/25/2000 11:36 AM -----



Noel Gardner <LDNGARDN@ihc.com> on 09/25/2000 10:33:01 AM

To: John M Plewes

I don't mean to burden you, but I thought you might have input at Lilly and I am slightly concerned about the reports I get from retail reps about the plan to launch a marketing blitz for Zyprexa in primary care. My experience with Lilly is that they have superb scientists and products, but sometimes have a disconnect between the science and the marketing department.

My concern is this: I believe that Zyprexa may be very useful in primary care, but that Lilly could stand to lose a lot of its hard earned credibility if it does not handle this well. Because Zyprexa is only indicated for schizophrenia and acute mania, reps will only be allowed to talk about on-label uses. Both psychiatrists and primary care docs agree that these conditions should be treated by psychiatrists and not primary care. Probably the best uses for Zyprexa in primary care are for agitation in the elderly demented patient, delirium, treatment refractory mood disorders (both unipolar and bipolar) and for chaotic post traumatic and dissociative and personality disordered patients. These are complex clinical conditions that are not easily defined and the thought of a large sales force with limited clinical knowledge promoting this very expensive drug in primary care will likely alienate managed care customers, anger the psychiatric community who see

ZY 9385 653

schizophrenia and mania as some of their last remaining turf, and completely confuse an already overburdened and overwhelmed primary care community.

I think Lilly would be far wiser to introduce Zyprexa gradually to primary care through a strategic plan of CME programs that utilizes highly respected experts who talk about the broad applications of Zyprexa and its many valuable utilities in a general medical practice setting. Once the ground is extensively plowed with good credible clinical information, not limited by the GPP guidelines that restrict information to schizophrenia and acute mania, then (perhaps) turning the sales force loose may be appropriate.

I believe one of my strengths is in taking scientific information and placing it in a clear, clinically useful format.. Lilly could use someone with a strong clinical background but with strong marketing instincts to assist them on this one. I would be happy to contribute in this area if I could. I'm afraid that in perception if not in reality, Lilly stands to lose a great deal if they don't handle this one well. I have great respect for Lilly, and value my association. I would hate for this one to backfire!

Please feel free to cc this email to anyone in management or marketing who needs to hear it! Thanks John. Hope all is well!

Noel Gardner M.D.

ZY 9385 654